

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kemper et al.
Title: SYSTEM AND METHOD FOR
VERIFYING LOAN DATA AT
DELIVERY
Appl. No.: 10/737,298
Filing Date: 12/16/2003
Examiner: Hamilton, Lalita M.
Art Unit: 3691
Confirmation No.: 7677

AMENDMENT TRANSMITTAL

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

Amendment and Reply Under 37 CFR 1.111 (20 pages).
 Information Disclosure Statement Under 37 CFR § 1.56 (4 pages).
 Form PTO/SB/08 (1 page) with 4 listed references (3 included).

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Additional Rate		Claims Fee	
	Total Claims:	34	-	38	=	0	x	\$50.00	=	\$0.00
Independent Claims:	9	-	10	=	0	x	\$210.00	=	\$0.00	
First presentation of any Multiple Dependent Claims:					+		\$370.00	=	\$0.00	
							CLAIMS FEE TOTAL	=	\$0.00	

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[] Extension for response filed within the first month:	\$120.00	\$0.00
[X] Extension for response filed within the second month:	\$460.00	\$460.00
[] Extension for response filed within the third month:	\$1,050.00	\$0.00
[] Extension for response filed within the fourth month:	\$1,640.00	\$0.00
[] Extension for response filed within the fifth month:	\$2,230.00	\$0.00
	EXTENSION FEE TOTAL:	\$460.00
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$460.00
	INFORMATION DISCLOSURE STATEMENT:	\$180.00
[] Small Entity Fees Apply (subtract ½ of above):		\$0.00
	Extension Fees Previously Paid:	\$0.00
	TOTAL FEE:	\$640.00

The above-identified fees of \$640.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to

Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date _____/3/31/2008/

By _____/Matthew J. Swietlik/

FOLEY & LARDNER LLP
Customer Number: 34099
Telephone: (414) 319-7306
Facsimile: (414) 297-4900

Matthew J. Swietlik
Attorney for Applicant
Registration No. 58,428